

N<sup>o</sup>. 1.

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Dr. James.

Peritonitis

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Diarrhea

Erzepelis

Hematuria

On Erysipelas Hystericus

by Hardin Massie

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W. H. Brewster  
and the author  
1911

A  
Dissertation  
*on*  
*Erysipelas*

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## Preliminary Remarks

The Skin, which has been denominated the pavilion of the human body, considered physiologically, answers a fourfold purpose in the animal economy: It is the organ of touch; it covers and protects the whole structure; it is the outlet for a large proportion of the insensible perspiration, and its purposus absorption. So extremely sensible is this part, such are its exposures to the attack of noxious agents, and so invariable are its sympathies with the whole body, and the various companion organs, that we shall not be surprised, to find it often the seat of morbid affections. It is not infrequently the first part attacked by those noxious agents or causes, which either directly or indirectly, assail the life or health of man. So various are these causes of cutaneous diseases in their mode of operation, so intermingled and obscure are they in the effects which they produce, and such is the near resemblance very often of these effects, that no small degree of difficulty and perplexity is presented, in attempting to distinguish them. Anatomy, which has done so much in explaining many other morbid affections, has not been so successful in elucidating those of the skin; hence, as has been observed, the treatment of them is often empirical and prejudicial. Parts of an identity of structure are generally

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affected by diseases very similar in appearance, but we are not from  
the circumstance, too hasty to conclude that they are the same; -  
as to none more particularly will this remark apply, than those just  
mentioned. They are mostly exceptions of various kinds, professing  
one characteristic in common, but differing in many others: This  
is exemplified in small pox, measles &c each seems to possess a peculiar  
specific action producing effects *sui generis*. - On what this specific  
action depends I am unable to say; it is apparently a secretion of a  
peculiar kind which takes place according to some law of the animal  
conomy, not yet explained. Without, however, our being able to comprehend  
this subject, by attending carefully to the history of the various  
symptoms which occur in cutaneous diseases, we shall be enabled to  
treat them, in many cases successfully. Two circumstances seem  
constantly to influence them, and ought always to be kept in view  
viz. the structure of the part affected, and the nature of the various  
agents producing that effect.

Having premised these remarks, I proceed to the consideration  
of the subject, which is more particularly, the object of this part.

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## Erysipelas.

According to a late writer, this may be defined "An inflammatory, ulcerous, and trivally elevated swelling, attended with induration, which disappears and leaves a white spot for a short time after being touched with the end of the finger; and the affection is characterized by a remarkable propensity to spread with rapidity to a large extent." Although this disease has been generally considered an inflammatory affection; and it undoubtedly is so, in a very general acceptation of the term inflammation, yet on examining its symptoms more accurately we shall find it very different from phlegmon; the pain, the secretion, the whole of the phenomena are in great trifly dissimilar. In erysipelas genuine pus is never secreted, adhesive inflammation does not circumscribe the disease as in common phlegmon, but matter once extravasated, travels sometimes to a great extent through the cellular substance, causing gangrene and mortification.

As erysipelas never appears in any other part but the skin we have a right to conclude, that the membrane alone is its seat; whether in the tate mucosum, as some have supposed, or the cutis vera, as stated by others, is not absolutely known.

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In order to afford more precision, and greater accuracy, in the history of the symptoms and treatment of erysipelas, writers have divided it into several species, according to the appearance of the local affection or constitutional symptoms:— of these the first and most general, is that of Idiopathic and Symptomatic.

Bullen says that when the disease is an affection of the skin alone, and very little of the whole system, when the affection of the system is only symptomatic of the external inflammation, he calls it Erythema, a term used by Hippocrates to designate every kind of erysipelaceous redness: but when the external inflammation is an exanthema and symptomatical of an affection of the whole system, Erysipelas. Besides this division the most common, are the phlegmonous, the edematous, the gangrenous, the tertian, and the Nihilous Erysipelas. These several terms are expressive of the peculiar state of the same disease, and are not designed by those who have used them, to convey the idea of so many distinct complaints. The specific erysipelaceous affection possesses always its own peculiar characteristics.

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As however the affection requires some peculiarity of treatment, according as it assumes one or the other of these forms; it is proper to adopt them.

The most regular, as well as, the most ordinary form of the disease, and of which the others may be considered only as varieties, produced by accidental circumstances such as might have that effect with many other complaints, is the phlegmonous, affecting chiefly the head and face. As I conceive a description of this form will afford a better view of the disease, than any general account, I shall begin with it, and afterwards make some remarks on the others.

The myxopelos of the face comes on with a cold shivering, and other symptoms of pyrexia. The hot stage of this is frequently attended with a confusion of head and some degree of delirium, and almost always with ~~the~~ drowsings, and perhaps coma. The pulse is always frequent, and commonly full and hard.

When these symptoms have continued, for one, two, or at most three days, there appears on some part of the face a redness; this at first is of no great extent

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but gradually spreads from the part it first occupied to the other parts of the face, commonly till it has affected the whole; and frequently from the face it spreads over the hairy scalp, or descends on some part of the neck. As the redness spreads, it commonly disappears, or at least decreases in the parts it has before occupied. All the parts on which the redness appears are at the same time affected, with some swelling, which continues for some time; after the redness has abated the whole face becomes considerably turgid, and the eyelids are often so much swelled, as entirely to shut up the eyes. When the redness and swelling have proceeded for some time, there commonly arise soorell or later, blisters of a larger or smaller size, on several parts of the face. These contain a thin yellowish or almost colourless fluid, which is sooner, or later discharged by the rupture of the vesicles. The surface of the skin in the blistered places, sometimes becomes livid and blackish; but this livor seldom goes deeper than the surface, or discovers any degree of gangrene affecting the skin. On the parts of the face not affected with blisters, the

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whole suffers towards the end of the disease, a considerable desquamation. Sometimes the humor of the eyelids ends in suppuration. The inflammation coming upon the face does produce any remission of the fever which had before prevailed; and sometimes the fever increases, with the increasing, and spreading inflammation.

The inflammation usually continues for eight or ten days, and for the same time, the fever and symptoms attending it continue. In the progress of the inflammation, the delirium and coma attending it, sometimes go on increasing, and the patient dies apoplectic, on the seventh, ninth, or eleventh day of the disease.

When the fatal event does not take place, the inflammation after having affected a part, commonly the whole of the face, and perhaps the other external parts of the head, ceases. With the inflammation, the fever also ceases and without any evident crisis, the patient returns to his ordinary state of health.

The vesicles usually break on the fifth or sixth day, when the swelling subsides in some degree, leaving the surface covered with a yellowish, or black irregular scab.

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The pain which attends the local affection of this, as well as every other form of erysipelas, is of a peculiar kind; a burning pain very much like that produced by boiling water. In some cases the disease terminates, in a few days, while in others it continues much longer, or after subsiding in some degree, is again renewed with perhaps, aggravated symptoms.

When the disease affects the extremities, it usually commences with some febrile symptoms, which continue for a day or two; when some degree of redness and tumefaction appears on the limb; if on the leg, it extends from the foot to the knee. Its colour is an intense shining red, nearly contiguous; it is also attended with a sensation of burning heat, and with excruciating pain so that no pressure, not even the weight of a sheet can be borne upon it. On the third or fourth day, large vesications appear all over the part affected; they soon break and discharge a large quantity of serid lymph, and in some cases ulceration, more or less extensive, takes place. The leg is enormously swelled, and most painful during the night.

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In some cases, the disease has been observed, after subsiding on one leg, to affect the other pretty much in the same manner, and in some cases it has been supposed to be translated to the brain, or other vital organs. When it affects the superior extremities, the symptoms are very similar to those just stated. In these cases mucus is occasionally deposited, in the cellular structures.

The swelling of the glands, which is noticed by writers, I conceive to be a sympathetic affection.

The Crysipelas Idonatodes, affects the face, breast, or extremities. It has not so distinct an aspect as the species just mentioned: the swelling has a smooth shining surface, and is of a pale color, the pulse is feeble, and other signs of debility exist. The face resembles a bladder distended with water.

M' Pearson, observes that, this form of the disease may attack persons of any age or temperament, but those are chiefly affected by it, whose constitutions are debilitated by age or excess; it is also frequently met with in tropical persons, in children and in new born

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Infants. — The Nihilous Erysipelas of Depoerth comes on most commonly, he states, with loss of appetite, bitter taste in the mouth. The tongue is covered with a yellow fur, nausea, and sometimes bilious vomiting supervene. The patient being dejected, pale, apathetic, wandering pains, and a sharp sensation of heat, without however, having a great dryness of the skin or much thirst. The temperature is slight most frequently insensible. The skin has a rose color bordering upon a yellow; the pain is of a smarting burning kind. It may commence with or without fever. This he considers as constituting properly the erysipelas of the Ancients. The Erysipelas affecting Infants at an early period after birth, was first described by Dr Underwood under the name of Anomalous inflammation of Infants.

The Zona or Shingles has been considered by many writers as a species of erysipelas. Besides these which are the more regular forms of erysipelas, it frequently occurs in patches, on various parts of the body, attended by little, or no fever.

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If any form of the disease be purely local, it must be this: Under this might be included that arising from wounds.

Most authors mention the gangrenous state of erysipelas as another species. It seems to be attended by that state of febrile action, denominates by the old writers pectoris, or what may now be *Typhus Gravior*.

The parts exhibit the usual signs of gangrene and mortification, and frequently sloughs, resembling wet tow are discharged; but this sloughing I conceive, may take place without so malignant a state of fever. The serous collections of matter which often take place in the common acute form of the disease, in the cellular structure, may cause them.

Among the many causes which have been assigned for erysipelas, none seem very distinct or satisfactory. The most ancient opinion is that of Hippocrates and Galen, who supposed it depended upon a congestion of the bile.

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sun, or that of fire too long continued, — 3<sup>rd</sup> The imprecision of cold damp air, — 4<sup>th</sup> The action of various vegetable, animal, or mineral poisons, 5<sup>th</sup> Wounds contusions, fractures &c. 6<sup>th</sup> Cold feet. — 7<sup>th</sup> Suppised evacuations. — 8<sup>th</sup> Disorder of the prime via.

There can be no doubt that, erysipelas has sometime prevailed as an epidemic: Dr. Parr says he has seen it four times; and Mr. Pearson observes that there is some reason to conclude that it is occasionally so. —

Is erysipelas contagious? The best authorities on this subject seem not to decide positively, whether it is, or is not so. It certainly is of some importance to decide this question correctly, without however taking this upon myself, I may be permitted to remark, that it does not follow the laws of those diseases, which are known and acknowledged by every one, to be strictly contagious. They generally destroy the susceptibility to a second attack, whereas it is increased by this. Will its becoming Zephys render it contagious?

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Ought it not to produce typhus fever then, and not erysipelas? There can be no doubt of its occurring frequently when there is no possible chance of contagion. What then is the peculiar nature of this disease? Local inflammation of every kind, is a very distinct thing from the fever which attends it; and while we admit many distinctions of the former, the same will not hold good of the latter. At the same time we must allow, that the fever is often much influenced by the local disease. — From all that has been said, we may infer, that the febrile affection may be either, inflammatory, typhus, or of a mixed character, that it may, and often does change from one to the other. These forms may be influenced by several circumstances, such as the type of the prevailing epidemic; it was long ago observed by Sydenham, that like a despot this compelled every disease to wear its livery. By the constitution and habits of the person, — those who support life, or rather force it, almost

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utirely by the Ardent Stimulus, will of course very materially alter it.— The season ~~of the~~ of the year — the local situation — the prevalence of Marsh Miasma. In the fall, and where Bilious Fever prevails, it will assume much of its character. This form is mentioned particularly by the French writers, and by practitioners of warm climates.

From every view that I have been able to take of this disease, and from the opinions of the most respectable authority, I conclude, that it is of a highly inflammatory character, disposed to run, very often, if not checked, in a short time into an opposite extreme, and that the greatest mischief happens from an excess of action.

With regard to the treatment of erysipelas, not a little discordance has prevailed amongst practitioners ever since the days of Hippocrates, some depending principally on venesection, some on purgatives, while others have declared them both pernicious, and relied on other means. The European physicians, of the present time, are not at all agreed as to the best

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mode of treating erysipelas. The Scotch writers, among whom may be mentioned, Mr Bell and Dr Bullen, recommend the puriphlogistic plan. Mr Pearson and most of the London practitioners, use evacuations sparingly and resort early to tonics and stimulants; while the French adopt very moderate means to evacuate the bile, and produce a gentle diaphoresis. Now by attending to the various forms of the disease, which we have described, the reason of this difference in practice, will appear at once evident. In our own country, erysipelas as well as every other acute disease, requires copious evacuations, and while these are proper, all stimulants or tonics, must be manifestly improper. We not only evacuate more, but in order to produce the same degree of impulsion, have to use much larger doses of medicine, for however thoroughly one grain of Quinic Tartar, might evacuate a Frenchman, we are persuaded, that it would require more for an American. In every case it is necessary, to treat the disease according to the existing state of the system, and not by the name.

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The curative means are generally divided into the general or constitutional, and the local.

As the most powerful means of reducing arterial action, and thereby moderating, or overcoming the violence of the disease, bloodletting may be placed first.

Employed indiscriminately, as Celsus and some others have recommended, it could not fail, in many cases, not only to be useless, but highly pernicious; but when resorted to at an early period, and in the acute form of the disease, it is an invaluable remedy. In favor of this practice, we might enumerate many of the most respectable practitioners, among whom we may mention Sydenham, and Rush, names ample sufficient, where authority is required.

In favor of Emetics, there is not so much authority, we have however, amongst several others, Richter, the celebrated professor of Gottingen, who is justly considered one of the most experienced, and judicious practitioners. It has been remarked by Paré, that the disease often terminates, by vomitings and bilious excretions, from which we may correctly infer that

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in such cases, emetics would prove highly beneficial: besides evacuating the stomach, they produce a powerful impression, through its sympathies, on the whole system, and particularly on the skin: in these cases I cannot perceive any mischief likely to result from their use.

Purgatives have been highly extolled by some, while they have been as much opposed by others: - Galen and many since his time have recommended them. It is allowed by every one to be proper in all cases to keep the bowels in a soluble state; and in the phlegmonous erysipelas, of the face and head, active purging may be placed next to venesection; but as purging interferes with another important indication viz the determination to the surface, it in many cases becomes a questionable remedy.

Various diaphoretics have been recommended, but those commonly preferred at the present time, are the antimonials. Depault's practice was to give one grain of the Emetic Tartar, largely diluted, and this to be repeated if necessary.

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In every case, the body must be kept at a moderate temperature, such as will be most agreeable to the patient's feelings. In the Edematus and gangrenous erysipelas, we evacuate life and resort early to stimulants.

The local means have been, even more numerous than the general; various ointments, cataplasms, washes &c have been recommended, but have all been found ineffectual or prejudicial. So fully was Dr. Cullen persuaded of this, that he discards them all, except a little flour sprinkled on the part, in order to absorb the fluid discharged from the vesicles. Since his time however, a very important improvement has taken place in the treatment of this disease. I allude to the use of blisters and a solution of Opium. Blisters were used so long ago as the time of Ambrose Paré; they were then directed to be applied to the neighbouring parts. A very different practice is now followed; we apply them directly to the diseased part. They excite a new action in the part, and according to that law of the animal economy, so ably developed by Mr Hunter, the incompatibility of two actions of

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equal force in the same part, at the same time, overcome the disease, and allow the part to assume its healthy action. To Dr Physick are we indebted for the introduction of this excellent practice, in the treatment of erysipelas. Lesions which formerly spread with dreadful devastation, can now be checked with as much promptness, and certainty, as any other disease.

As it would not be so proper to apply blisters to the face, it is in this case that we resort to the solution of opium, with great advantage.

In the erysipelas which so often attends wounds and bruises, blisters are eminently serviceable; they should be applied all over the diseased part.

When collections of matter form, free incisions should be made, and not small openings as some have advised, in order to evacuate the matter, with the slugs

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